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# **E**volving Perceptions of Federal Responses to **HEALTH** Care

**Presentation of Results**

October 26, 1998

## **Outline**

▶ **Purpose and Methodology**

▶ **Focus Group Results**

▶ **Conclusions**



# ► Purpose & Methodology

## Purpose of Focus Group Research

- To complement recent survey results by
  - ✓ Examining broad perceptions of health care systems and budget expectations #1
  - ✓ Testing understanding, support and language around innovation and accountability #2
  - ✓ Gauging appropriateness of potential policy responses, including funding levels #3
  - ✓ Assessing the “credibility” of potential sources of commentary/ spokespersons #4



## Methodology

### **Eight groups conducted with general public**

- ✓ Conducted October 19th to October 21st
- ✓ Halifax, Toronto, Montreal and Vancouver
- ✓ Participants 25 years and older with at least a high school education
- ✓ One focus group to be held in Ottawa



# **F**OCUS **G**ROUP **R**ESULTS

## **Budget Awareness and Expectations (a)**

### **Moderate to low awareness mirrors survey**

- ✓ Awareness of recent media coverage highly split
  - linked to upper SES and fiscal conservatism (e.g., economic update)

### **Expectations similar to survey, but split across fiscal/social:**

- ✓ 1) health care, 2) debt, 3) tax cuts (some regional variation)
- ✓ But, people want something on each
- ✓ International economic "crisis" registering, but concern low to moderate



## Budget Awareness and Expectations (b)

■ Broad based resignation and scepticism leads to low expectations, but high hopes for a health care budget

- ✓ Objections will be more vociferous if nothing on health care (than if no new fiscal measures)
- ✓ For some, particularly women/insecure there “better be” something significant (strongest in Halifax)



## Evolving Perceptions (a)

■ Anxieties/frustrations high, flashpoints:

- ↔ waiting lists
- ↔ doctor/specialist shortage
- ↔ abuse (multi-faceted)
- ↔ regional/national “brain drain”
- ✓ But, some evidence of plateau/mild rebound in confidence (collaborating survey tracking result)





## Evolving Perceptions (b)

Beyond grudging acceptance of rationale for cuts and reforms, which have left system damaged/imperiled, perception of some achievements/evolution

- ✓ Still a crisis, but post-hysterical (attempt to sort through, make sense and move forward)

Don't see pervasive chaos and decline, but looking for a more orderly and deliberate transition to the future



## Evolving Perceptions (c)

Surface reaction: "we need more hospital beds, doctors, equipment"

- ✓ But upon reflection this is typically challenged: "that's not enough, we need to make better use/modernize"

→ e.g., not bigger emergency rooms, focus emergency rooms on emergencies, divert non-emergencies elsewhere

- ✓ Many want *both* more resources *and* more efficiency

Spontaneously raise home care as example *par excellence* of rationalization





## Evolving Perceptions (d)

### Recognition of rampant abuse/inefficiencies

- ✓ Desire for more responsible patient behaviour (e.g., better knowledge about where to go, overuse of system)
- ✓ Report card resonant as watchdog to root out abuse



## Preferred Mix (a)

### #1 virtual consensus that Medicare funding is essential

- ✓ Responds to still entrenched surface anxieties (may be declining)

### #2 also a consensus that innovations, other measures/ investments, etc., are necessary (some pick innovations first)

- ✓ More reasoned and deliberate is where people are going (some already there)

### Home care is the clear winner both in terms of intelligibility and relevance

- ✓ Preference is for sooner rather than later





## Preferred Mix (b)

Integration and accountability themes *can* be positive forces ✓

- ✓ Significant vagaries and scepticism, but not insurmountable communications challenge
- ✓ Clearly not stand-alone responses

Properly explained and plausibly linked to 1 and 2, they can strengthen overall package

- ✓ Can add coherence and convey existence of a plan (it's not just new spending for Medicare or a new home care program)



## Preferred Mix (c)

Report cards fare really well sometimes and not so well at other times ✓

- ✓ Generates several different meanings
  - from local watchdog to national steering
- ✓ Linkage to Auditor General is natural fit





# ▶ CONCLUSIONS

## Conclusions (a)

1. No health care budget response quite hazardous (particularly beyond short term) ✓
2. A modest unconditional transfer to provinces may avoid short-term criticism, but may be judged seriously inadequate in the medium to longer term ✓
3. The integration and accountability concepts are plausible but currently generate considerable ambiguity and scepticism (particularly if not solidly connected to better outcomes)



## Conclusions (b)

4. People really like home care; find it sensible and highly intelligible

- ✓ If possible, should figure prominently in federal response (raise the volume here in collaboration with provinces?)

5. What is conspicuously missing (and needed) to restore credibility/trust is a plausible plan linked to real outcomes and progress (e.g., on waiting times)



## Conclusions (c)

6. A combination of Medicare funding, home care and the integration/accountability themes constitutes the basis of a plausible federal plan

- ✓ Perhaps broadened to other themes such as research and promotion

